



The impact of child sexual abuse on health: A systematic review of reviews

Roberto Maniglio*

Child Neuropsychiatry, Psychiatry, Criminology, Department of Pedagogic, Psychological, and Didactic Sciences, University of Salento, Via Stampacchia 45/47, 73100 Lecce, Italy

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ABSTRACT

A large amount of studies and literature reviews on the consequences of child sexual abuse has appeared over the past twenty years. To prevent that the inconsistency in their conclusions along with their methodological differences and limitations may create interpretative difficulties, mistaken beliefs, or confusion among all professionals who turn to this literature for guidance, this paper addresses the best available scientific evidence on the topic, by providing a systematic review of the several reviews that have investigated the literature on the effects of child sexual abuse. Seven databases were searched, supplemented with hand-search of reference lists from retrieved papers. The author and a psychiatrist independently evaluated the eligibility of all studies identified, abstracted data, and assessed study quality. Disagreements were resolved by consensus. Fourteen reviews, including more than 270,000 subjects from 587 studies, were analyzed. There is evidence that survivors of childhood sexual abuse are significantly at risk of a wide range of medical, psychological, behavioral, and sexual disorders. Relationships are small to medium in magnitudes and moderated by sample source and size. Child sexual abuse should be considered as a general, nonspecific risk factor for psychopathology. The implications for research, treatment, and health policy are discussed.

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Contents

1. Introduction	647
2. Methods	648
2.1. Data sources	648
2.2. Study selection	648
2.3. Data extraction and quality assessment	648
2.4. Procedure.	649
3. Results	650
3.1. Medical problems	650
3.2. Psychological, behavioral, and sexual problems	653
3.3. Revictimization	653
4. Discussion	654
4.1. Implications for research	655
4.2. Implications for treatment and health policy	655
Acknowledgments	656
References	656

1. Introduction

Awareness of the impact on human development that may result from early experiences of sexual abuse is of relatively recent origin. Ongoing concern over the potential consequences of child sexual

abuse is reflected in the exponential increase in research in this area. A growing number of studies and literature reviews on child sexual abuse have appeared over the past twenty years.

However, such large amount of research has not been unanimous in its conclusions. Indeed, there is considerable controversy concerning the relationship between child sexual abuse and later negative outcomes. While many studies and reviews have concluded that survivors of childhood sexual abuse are highly likely to experience several adverse effects, strongly implying a causal relationship

* Via Piave 41, 73010 Sternatia (LE), Italy. Tel.: +39 0832 294723, +39 328 4783991.
E-mail address: robertomaniglio@virgilio.it.

between child sexual abuse and the later development of psychopathology, others have been more cautious, arguing that outcomes are variable, rather than being consistently and intensely negative (see, for example, Paolucci, Genuis & Violato, 2001; Rind & Tromovitch, 1997; Rind, Tromovitch & Bauserman, 1998; Sharpe & Faye, 2006; Smolak & Murnen, 2002).

Furthermore, there is no conclusive agreement concerning those variables (such as gender, age when abused, type and severity of abuse, and relationship to the perpetrator) which are usually highlighted as potential contributors to the outcomes of child sexual abuse. For example, while some reviews have concluded that girls react more negatively than boys, others have implied that sexual abuse is an equivalent experience for boys and girls in terms of its negative impact (Rind & Tromovitch, 1997; Rind et al., 1998).

Therefore, although efforts to synthesize the literature have resulted in several qualitative and quantitative reviews, even these have generated conflicting results and conclusions have not yet been definitively drawn.

Although several theoretical explanations of how child sexual abuse affects children's development have been proposed (see Cicchetti & Toth, 2005; Freeman & Morris, 2001; Hulme, 2004), in the absence of consistent empirical evidence, theories accounting for the impact of child abuse on human development lack support.

Much of the controversy in the literature may be a reflection of the differences between studies (Roodman & Clum, 2001) as well as of the methodological limitations of the literature (Rind & Tromovitch, 1997; Rind et al., 1998; Sharpe & Faye, 2006). Many studies are characterized by serious design and measurement problems, including poor sampling methods, absence of matched comparison groups, and inadequate control for effect modifiers and confounders (see Briere, 1992; Kilpatrick, 1987; Sharpe & Faye, 2006). Moreover, many literature reviews are characterized by imprecision and subjectivity (Rind & Tromovitch, 1997; Rind et al., 1998). For example, some reviewers have specified neither the data sources that were searched nor the criteria used for including studies, paying more attention to study findings indicating harmful effects.

A more objective process has been provided by some meta-analytic reviews, which have attempted to infer whether child sexual abuse is significantly associated with specific outcomes and to estimate the strength of this association. Based on the transformation of the results of all the relevant studies to a common statistical metric, which are then combined into one overall statistic, these reviews have used a more rigorous and transparent approach to reduce the potential for bias, avoiding imprecision and subjectivity.

However, some have criticized the aggregation of findings from studies that are too diverse (either clinically or methodologically) to be combined in a meta-analysis (see Centre for Reviews and Dissemination, 2008; Lipsey & Wilson, 2000), because such aggregation might be inappropriate and meaningless, and genuine differences in effects might be obscured (Higgins & Green, 2006). Further, it should be noted that meta-analysis does not allow for causal inferences to be made, thus findings must be interpreted with caution (Hall & Rosenthal, 1995).

In conclusion, although studies and reviews abound, the inconsistency in their conclusions along with their methodological differences and limitations may create interpretative difficulties, mistaken beliefs, or confusion among all individuals (including policymakers, physicians, psychologists, other professionals who treat children, and other individuals responsible for the welfare of children) who turn to this literature for guidance.

In response to these difficulties and with the current high level of societal interest in child maltreatment, it seems evident that, despite a growing body of literature addressing the potential impact of child sexual abuse on health, the issue needs further careful consideration. An analysis of what is currently known about the consequences of childhood sexual abuse is required in order to implement research and health policy.

In order to address the best available scientific evidence on the topic, this paper provides a qualitative and semi-quantitative analysis

of the findings of the several reviews that have investigated the literature on the short- and long-term effects of child sexual abuse.

2. Methods

According to recent guidelines for systematic reviews (Centre for Reviews and Dissemination, 2008; Egger, Davey Smith & Altman, 2001; Higgins & Green, 2006; Lipsey & Wilson, 2000; Petticrew & Roberts, 2006; Stroup, Berlin, Morton, Olkin, Williamson, Rennie, et al., 2000), a protocol was prospectively developed by the author, R.M., detailing the specific objectives, criteria for study selection, approach to abstracting data and assessing study quality, outcomes, and statistical methods.

2.1. Data sources

Two methods were used to obtain relevant studies: an internet-based search and a manual search.

First, seven internet-based databases (AMED, Cochrane Reviews, EBSCO, ERIC, MEDLINE, PsycINFO, and ScienceDirect) were searched for articles published between January 1966 and December 2008. Separate searches were conducted for the keywords *child(hood) sexual abuse*, *child(hood) sexual maltreatment*.

Second, further articles were identified by a manual search of reference lists from retrieved papers.

The databases were used again to retrieve the abstracts and, if appropriate, the full-text articles.

2.2. Study selection

Studies were included if they (1) appeared in peer-reviewed journals; (2) were published in full; (3) were critical reviews of the literature; (4) were not dissertation papers, editorials, letters, conference proceedings, books, and book chapters; (5) reviewed studies sampling human subjects; (6) investigated medical, neurobiological, psychological, behavioral, sexual, or other health problems following childhood sexual abuse; (7) had primary and sufficient data derived from longitudinal, cross-sectional, case-control, or cohort studies.

These criteria were applied to all titles, abstracts, and full manuscripts.

For multiple publications of the same study, the one with the most complete primary outcomes was used.

2.3. Data extraction and quality assessment

According to guidelines for systematic reviews (Centre for Reviews and Dissemination, 2008; Egger et al., 2001; Higgins & Green, 2006; Lipsey & Wilson, 2000; Petticrew & Roberts, 2006; Stroup et al., 2000), data were abstracted and study quality was assessed on the basis of the following criteria: (1) evidence identification; (2) study selection; (3) data extraction; (4) quality assessment; (5) data synthesis and analysis.

First, "evidence identification" refers to the description of the data sources (e.g., computerized databases, key journals, reference lists from pertinent articles and books, experts, organizations or institutions active in the field) used to identify studies, including years searched, keywords, and constraints (e.g., language limits).

Second, "study selection" refers to the criteria used to select studies for inclusion in the review, including any restrictions on age groups, diagnoses, diseases or conditions of interest, interventions, settings, and study designs, along with any thresholds for inclusion based on the conduct or quality of the studies. If possible, the method used to apply the selection criteria had to be described, including the number of researchers who screened titles, abstracts, and full papers, along with how disagreements were resolved.

Third, "data extraction" refers to the process by which researchers obtained the necessary information about study characteristics and

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